

# MICHIGAN Immunization Update

Summer/Fall 2002

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## Restrictions on Td are lifted

Recent increases in the delivery of Td vaccine to the state have been sufficient for the Michigan Department of Community Health (MDCH) to announce resumption of routine shipments of Td vaccine to physicians who administer publicly purchased vaccines to their patients. The restrictions on use of Td vaccine that have been in place since May 2001 have been lifted by the Centers for Disease Control and Prevention (CDC). Physicians wishing to purchase a private supply of Td vaccine are advised to directly contact the manufacturer, Aventis Pasteur, or GIV which is distributing the vaccine manufactured by the Massachusetts Department of Health. The Aventis phone number is 1-800-822-2463 and the GIV number is 1-800-521-7468.

In Michigan, the school requirement that all new school enterers 7 years of age and older have an up-to-date series of tetanus- and diphtheria-containing vaccines had already been suspended for the 2002-2003 school year prior to these most recent announcements from MDCH and CDC. The suspension of the school rules for the upcoming school year will remain in place, although physicians and parents are urged to obtain appropriate Td vaccinations for children if at all possible.

During the Td shortage, health care providers were advised to maintain recall lists of individuals who had to forego their routine booster doses. As supplies become available, health care

providers should recall those individuals. Routine booster doses of Td can also now be resumed. As with all vaccines that may be in short supply, MDCH is encouraging parents to call ahead to their physician's office or health department clinic to assure that vaccine is available in the clinics.

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MDCH would like to acknowledge all the hard work of providers who made sure that the state's limited supply of Td was reserved for those individuals at greatest risk of disease during the vaccine shortage.

Thank you!

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## INS announces policy on Td

The Immigration and Naturalization Service (INS) has announced that it will not extend its waiver of Td vaccinations beyond October 31, 2002 because an adequate supply of the vaccine is now available.

## No link found between MMR vaccine and autism

In 1998, British researcher Andrew Wakefield published a paper hypothesizing that MMR vaccine played a role in the development of autism. Several studies done since then by other researchers do not support Wakefield's argument.

Moreover, critical reviews of both Wakefield's initial paper and a second paper he published in 2002 have revealed important flaws in the methodologies used and conclusions reached. These flaws included inappropriate research study designs and misrepresentations of clinical values or conditions as being abnormal but which in fact are within normal limits. The Vaccine Education Center, located at the Children's Hospital of Philadelphia, recently summarized the evidence and arguments against the Wakefield hypothesis. Further details on the scientific evidence refuting Wakefield's conclusions can be found at the Vaccine Education Center website:

[www.vaccine.chop.edu](http://www.vaccine.chop.edu)

## Avoid pregnancy for 28 days after receiving MMR

Until recently, the Advisory Committee on Immunization Practices (ACIP) recommended that women avoid becoming pregnant for three months after receipt of rubella vaccine and for one month after receiving measles or mumps vaccines. In the December 14, 2001 issue of *MMWR* (50:1117), the ACIP changed these recommendations to the following: Women should avoid becoming pregnant for 28 days after receipt of rubella, mumps, and/or measles vaccines (including, of course, combination products with these vaccines such as MMR).

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John Engler, Governor  
James K. Haveman, Jr., Director

## Receiving annual flu shot is crucial for diabetic patients

For people with diabetes, the flu can be more than aches and pains. It can mean longer illness, hospitalization, or even death. During flu epidemics, persons with diabetes are six times more likely than persons without diabetes to be hospitalized, and their death rates may increase between 5 and 15 percent. Yet only half of all Michigan citizens with diabetes were immunized against flu during 2001.

As flu season approaches, the Michigan Department of Community Health (MDCH) needs your help to reach people with diabetes. Encourage all of your patients who have diabetes to get their flu shot this year. They should also receive pneumococcal polysaccharide vaccine, if they have not already received a dose of this vaccine. Be sure to ask their family members to consider getting a flu shot, not only to protect themselves, but to help them avoid passing the flu along to their loved ones.

### Additional persons at increased risk for complications from flu

Flu vaccination is also recommended for the following groups of persons who are at increased risk for complications from influenza:

- adults and children who have required regular medical follow-up or hospitalization during the preceding year because of chronic metabolic diseases (including diabetes mellitus), renal dysfunction, hemoglobinopathies, or immunosuppression (including immunosuppression caused by medications or by human immunodeficiency [HIV] virus);
- children and adolescents (aged 6 months—18 years) who are receiving long-term aspirin therapy and, therefore, might be at risk for developing Reye syndrome after influenza infection; and
- women who will be in the second or third trimester of pregnancy during the influenza season.

For more information about the MDCH Diabetes Program Flu campaign, contact Gwen Imes at 517-335-8378.

### True or False?

“Even if I get the flu shot, I can still get the flu.”

“Only the very old and sick need the flu shot.”

“December is too late to get a flu shot.”

Are these statements true or false? Or “it depends?” See the educational flyer on page 10 for the answers.

# Flu vaccine for young children? Yes!

**D**id you know that administration of influenza vaccine to all children between the ages of six months and 23 months is encouraged in the 2002 Recommendations of the Advisory Committee on Immunization Practices (ACIP) for Prevention and Control of Influenza? Two recent studies have reported that otherwise healthy children younger than two years of age are at increased risk for influenza-related hospitalization compared with older healthy children.

While vaccination of this age group is being encouraged, a full recommendation from ACIP to annually vaccinate all children aged

6-23 months will not be made until certain key concerns are addressed. These concerns include increasing efforts to educate parents and health care professionals regarding the impact of influenza and the potential benefits and risks of vaccination among young children, clarification of practical strategies for annual vaccination of children, because some children will require two doses within the same flu season, and reimbursement for vaccination. ACIP will provide updated information as these concerns are addressed. In the meantime, vaccinating the household contacts and out-of-home caretakers of children in



this age group may decrease the probability of influenza among these children.

As in the past, any child who has chronic pulmonary or cardiac illness, including asthma, should be vaccinated annually with the flu vaccine.

## MDCH recruiting physicians to participate in flu surveillance

**T**he Michigan Department of Community Health (MDCH) is looking for physicians to participate in the Sentinel Physicians Surveillance Network for Influenza. During the coming flu season, sentinel physicians will provide weekly counts of influenza-like illness visits and total patient visits from the beginning of October 2002 to mid-May 2003. They will also provide six to nine swabs during that period from patients with influenza-like illness for virologic testing. Physicians in any type of practice are eligible, and those who see a broad age range of patients are particularly desired.

Effective influenza surveillance prevents death and disease by detecting unusual viral strains or spreading epidemics, and by assessing the effectiveness of influenza control programs. A survey of sentinel physicians has shown that most need less than 30 minutes per week to compile and report their data. For these reasons, MDCH urges Michigan physicians to volunteer for this program. If you are interested in participating or would like additional information, please call or email Kyle Enger, MDCH Vaccine Preventable Disease Epidemiologist, at 517-335-9449, or [engerk@michigan.gov](mailto:engerk@michigan.gov).

## When is the best time for you to get your flu shot?

*It depends.*

The best time for health care providers to get their flu shots is October or November. The flyer on page 11 shows what the best time is for your patients to get their flu shots, depending on their personal circumstances.

Additional up-to-date information on influenza including information about vaccine supply for the coming flu season is available at:

[www.cdc.gov/nip/flu](http://www.cdc.gov/nip/flu)

# Closer adherence to VFC eligibility requirements is now required

*It's more essential than ever*



As most physicians in Michigan are aware, state and local public health departments jointly operate two federally funded vaccine distribution programs known as the Vaccines for Children (VFC) programs. These programs provide the vaccines recommended for eligible children from lower income families. The Michigan Department of Community Health (MDCH) estimates that as much as 50 percent of all childhood vaccines administered in Michigan may be distributed through the VFC provider network of more than 1,700 public and private sites. Eligible children include children enrolled in Medicaid, children who are American Indians or Alaskan Natives, children who are uninsured and children who have health insurance that does not include immunizations as a benefit.

In recent years, the Advisory Committee on Immunization Practices (ACIP) added a number of vaccines to

the routine schedule of vaccinations. Unfortunately, the prices for these new vaccines are often significantly higher than the prices for many older vaccines. Increases in federal funding for the VFC programs have not kept pace with the increased level of funding necessary to make all required vaccines available for eligible children. As a result of inadequate funding, it has been necessary for MDCH to require all providers administering VFC vaccine to assure that all children receiving the federally procured vaccine are eligible for the programs.

In the past, funding was not as restricted, the cost of vaccines was significantly lower, fewer vaccines were required, the VFC programs were smaller and Michigan was still producing some of its own vaccines. Under those circumstances, it was possible to be somewhat more relaxed in checking for eligibility status. To

improve Michigan's lagging vaccination rates, MDCH encouraged local health departments to avoid missing opportunities to immunize children. It was possible with this approach to immunize some children with health insurance while every effort was being made to improve the state's immunization rates. In stressing that health departments must now assure eligibility status for participation in the VFC programs, parents of children with health insurance must be counseled to return to their primary care provider for immunizations or receive vaccines from privately purchased stock. If privately purchased vaccine is used, payment for those vaccines may be billed to either the insurance company or the family of the child. Closer adherence to the federal requirements for the programs will allow VFC programs to continue to serve the lower income families which have always been the primary target of VFC.

## VFC providers say "Yes"

When Michigan physicians were asked in the 2001 Vaccines for Children (VFC) Provider Satisfaction Survey if they would encourage their colleagues to enroll in the VFC program, 95 percent replied "yes." With more than 1,700 provider sites across the state now participating in VFC, it is obvious

that a private and public partnership committed to making childhood immunizations a priority can make a difference in the lives of the state's youngest citizens. If you are interested in participating in the VFC program please contact your local health department for more information.

## Questions?

Do you have questions about the VFC program, VIS, or MCIR? The first place to go for answers is the immunization clinic at your local health department. If you need additional help, call the Division of Communicable Disease and Immunization, Michigan Department of Community Health, at 517-335-8159.

## VFC eligibility questions and answers

**Q** If a child's insurance requires a co-pay for each visit to the physician's office or has a large deductible that must be paid before the child is eligible to receive preventive services such as immunizations, can I use Vaccines for Children (VFC) vaccine for that child?

**A** No. Insurance policies with high co-pays and deductibles may represent significant out-of-pocket costs for families with limited discretionary funding. Co-pays and deductibles are a routine part of the cost of health care today. It is important that families understand their insurance coverage. If an employer offers choices in coverage, a family with young children may wish to select its coverage based on its needs for basic preventative health care services. It may be very difficult for families with limited financial resources to budget dollars for the immunizations that are so important in early childhood. Even though these children do not qualify for VFC vaccine, it is important for health care providers to work with the families of young children so that they understand which vaccines will be needed over time and the projected cost for those vaccines. Providing a young family with the information they need to budget their resources is the best help that a health care provider can make available

for a young family trying to make sure that their children's vaccinations are up-to-date.

**Q** Can I still refer the young children I see in my practice to the local health department for their routine childhood vaccinations?

**A** Timely and appropriate childhood vaccinations is a pediatric standard of care. It is always preferable that children receive their vaccinations in their medical home and in conjunction with routine preventive care. All Michigan health care providers administering VFC vaccines, including local health departments, are being asked to assure that the children they immunize are eligible to receive the federally procured vaccine available through the VFC programs. It may not be possible for your local health department to continue to serve all of your young patients as it has been in the past. For more specific information about the VFC programs in your area, please contact your local health department.

**Q** More and more of my patients are coming to my office with insurance that has an annual cap of \$500 or \$1,000 on preventive care. Do these children qualify for VFC?

**A** Many insurance companies are actively marketing insurance packages to

employers that have caps of \$500 or \$1,000 for preventive care in any given year. With the high cost of well-baby visits and immunizations, it is very easy to deplete that benefit with one or two visits to a doctor when a child is very young. After the cap is depleted, the child is eligible to receive VFC vaccines. If financially able to do so, the family of the child would be responsible for the cost of administering the VFC vaccines. If a child is seen by a primary care provider who does not participate in VFC, the family would either have to pay the out-of-pocket costs for vaccinations received after the cap is depleted or make the effort to transport the child to another health care provider, such as the local health department, for future vaccinations.

### Free immunization materials available

[www.cdc.gov/nip/publications](http://www.cdc.gov/nip/publications)

Free immunization materials are available from CDC, and the quickest and easiest way to get them is through CDC's website at: [www.cdc.gov/nip/publications](http://www.cdc.gov/nip/publications).

All online orders are processed within 48 hours, so ordering through the web is definitely the quickest way to go. Be sure to check out this website.

# No measles cases in Michigan in 2001

There were no confirmed measles cases in Michigan in 2001, marking the first year that no cases were recorded in the state.

Measles, once a common disease of childhood, is a viral illness characterized by high fever, severe upper respiratory symptoms such as conjunctivitis, harsh coughing, and runny nose, and a red, raised rash generally lasting over a week. Complications can include pneumonia, brain or central nervous system impairment, and death. Measles is easily spread from an infected person to others and is considered one of the most highly contagious diseases.

Vaccines that protect against measles were first licensed for use in the United

States in 1963. Measles vaccination soon became a part of the routine childhood immunization schedule and was then required for entry to school and day-care programs. Before long, the numbers of cases began to drop significantly.

“This is a notable achievement for Michigan’s health care community,” said Gillian Stoltman, PhD, MPH, director of the Division of Communicable Disease and Immunization at the Michigan Department of Community Health (MDCH). “Everyone involved in immunization efforts – nurses, clerks, doctors, health maintenance organizations, hospitals, clinics, and many others – should take pride in this, since they have all contributed to this

achievement,” she said. “Now, the challenge will be to sustain this success in coming years.”

At one time, barely more than a generation ago, contracting measles was considered a certainty of childhood. Literally millions of cases occurred each year in the U.S., mostly in the winter and early spring. Collectively, sick children missed countless days of school. But that was hardly the worst outcome. In the 10-year period before the vaccine was licensed, an average of 450 measles-associated deaths occurred in the United States each year.

*Continued on page 7*

## Vaccine safety information available on Internet

Where can you look for answers when you get tough questions from parents about vaccine safety issues?

The CDC National Immunization Program website ([www.cdc.gov/nip](http://www.cdc.gov/nip)) provides information on vaccine safety and much more.

After you find the website’s home page, click on the *Vaccine Safety* subheading, and you are well on your way to up-to-date and reliable information to help you when parents ask you questions about vaccine safety.

## Number of reported cases of vaccine-preventable diseases, Michigan 2002

(Year-to-date through 7/12/02)

Disease	Total cases Year to date	Cases < 5 yrs old Year to date
Congenital rubella syndrome (CRS)	0	0
Diphtheria	0	0
<i>H. influenzae</i> invasive disease	9	1
Hepatitis B	306	4
Measles	0	0
Mumps	6	1
Pertussis	32	12
Poliomyelitis	0	0
Rubella	0	0
Tetanus	1	0

## No measles

*Continued from page 6*

While measles has become a rare disease in the United States, with 100 or fewer cases reported in recent years, it continues to be a very common and often serious disease elsewhere in the world. The World Health Organization estimates 900,000 measles-associated deaths occur annually worldwide. Many times that number of people are infected with measles each year, often with serious complications.

“With high levels of measles virus readily circulating elsewhere in the world, and with people traveling easily and quickly across the globe, it is inevitable that the measles virus will periodically get re-introduced into the U.S. – and Michigan,” said Joel Blostein, an epidemiologist with MDCH. “The majority of cases we’ve had in recent years have been the result of such importations of the virus or exposures outside of the country. Because measles virus can be transmitted person-to-person so easily, a single imported case has the potential to develop quickly into an outbreak. The key to preventing measles outbreaks is to keep immunization levels high by vaccinating children completely and on-time according to the recommended childhood immunization schedule.”

## A check-up for your immunization records

*Is it time for a check-up for the immunization records in your office?*

As of June 2002, ninety-one private practices in Michigan have scheduled immunization record assessments this year. Earlier this year, the record assessment process was enhanced, and now includes a quality assurance process for all charts reviewed. This process includes reviewing the immunization records in the chart at the practice and then comparing the record in the chart to the record in the Michigan Childhood Immunization Registry (MCIR). This has had a significant impact on the results of the record assessments because it allows assessment staff to both identify vaccine dates in MCIR that were not previously in the patient’s chart and provides an opportunity for assessment staff to enter dates from the chart that were not already in MCIR (see table below). This helps assure that all vaccinations are counted when providing practices with their immunization coverage levels.

**Would you like to take advantage of this service? It’s easy...**

- Call the MDCH immunization assessment staff at 517-335-9011
- Schedule dates for the chart review and for the feedback presentation
- Have charts available to MDCH staff on the day of the chart review
- Have all staff attend the feedback presentation
- Incorporate immunization processes identified and discussed with your staff

*“This was a wonderful experience for our practice. We were given valuable materials that we are using to help increase our documentation and compliance.”*

Edward O. Cox, MD  
Director, Pediatric Ambulatory Care  
DeVos Children’s Hospital

Number of practices scheduled for assessment	Number of doses added to MCIR	Number of doses identified in MCIR not in the patient chart
91	12,705	7,544

*This table clearly demonstrates the significant impact the new quality assurance process had on the results of these record assessments. We invite you to call 517-335-9011 to take advantage of this service for your practice.*

MDCH: DCH-0591 (8/96)  
Auth: P.H.S. , Act 42, Sect  
317, as amended, 1978

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# Physician Peer Education Project keeps physicians updated on immunization

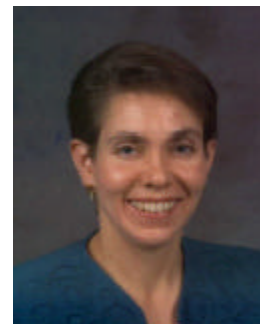
One of the primary goals of the Michigan Department of Community Health's Immunization Program is to prevent the occurrence of vaccine-preventable diseases in Michigan. Since 1997, the Physician Peer Education Project on Immunization (PPEPI) has combined MDCH's technical knowledge with Michigan State University Extension's statewide educational outreach and evaluation experience to help achieve this goal by giving physicians and other health care providers the tools to make immunization-related systems changes in their practices. The project complements other statewide efforts to increase the immunization levels of Michigan's population.

Using a peer-based training method, physicians and their key staff receive the most current immunization information through a one-hour educational program. Local physicians facilitate the trainings. There are nearly 20 physicians that provide these trainings statewide. Drs. Jay and Karen Mitchell are two of the trainers for the program. This husband and wife "peer educator team" have greatly contributed to the success of the peer education project.

Jay Mitchell, M.D., is the president of the Michigan Chapter of the American Academy of Pediatrics and has been a peer educator for over a year. He is an assistant professor in the Department of Pediatrics at Wayne State University. Devoted to increasing childhood immunization rates, Dr. Mitchell is a committee member of the Michigan Advisory Committee on Immunizations and is a staff member at a community-based general pediatric private practice



*Drs. Jay and Karen Mitchell are two of the trainers for the program. This husband and wife "peer educator team" have greatly contributed to the success of the peer education project.*



in Rochester. He is also an active member of the American Academy of Pediatrics and the Michigan State Medical Society. Dr. Mitchell gives presentations that focus on childhood immunizations.

Karen Mitchell, M.D., currently serves as a clinical faculty member at Providence Hospital and as a physician at Deighton Family Practice Center in Southfield. A strong advocate of immunization, Dr. Mitchell is the current chairperson of the Michigan Advisory Committee on Immunizations and is the immediate past president of the Michigan Academy of Family Physicians. Recently, she was appointed to the board of the American Academy of Family Physicians. "I try to educate at every opportunity, whether with individual patients and their families, or my staff, or others in my hospital system, or medical students, or professionals in a variety of locations," said Dr. Mitchell, who has been a peer educator for the past five years and gives presentations that focus on both childhood and adult immunizations.

Both Drs. Jay and Karen Mitchell provide ongoing support and guidance to the Physician Peer Education Project

on Immunization program by reviewing module content, assisting in developing new materials and by securing sessions throughout the year.

The immunization updates that the Mitchells, and other peer educators, present are available for physicians and their key staff. Sessions cover current vaccine recommendations, immunization coverage levels, vaccination schedules and practice assessment. A longitudinal study of the impact of this project showed that health care providers who attended the training were more likely to have and improve immunization-related systems than providers who did not attend training.

CME and CEU credits are available for these free trainings. Updates can be presented at grand rounds, medical staff meetings, conferences and provider offices. For more information about the program and how to host an immunization update session, please contact project coordinators Rosene Cobbs or Dawn Contreras, at MSU Extension, at 517-353-2596 or visit the project website at:

[www.msue.msu.edu/immune](http://www.msue.msu.edu/immune)



# Reporting adverse events to the VAERS system

Reprinted from California's Immunization Update newsletter, February 8, 2002, page 8

To ensure that vaccines are as safe as possible and to maintain public confidence in vaccines, the U.S. maintains a system that provides for close monitoring of the incidence of adverse events, adequate scientific evaluation of possible associations, and appropriate response to newly identified risks of vaccine. In 1990, CDC and the FDA established the Vaccine Adverse Event Reporting System (VAERS), a passive surveillance system that monitors vaccine safety. The VAERS case report form is provided to physicians, health departments, and public health clinics that administer vaccine. The VAERS system accepts

reports of any suspected adverse event following administration of a vaccine, whether or not it is certain that the vaccine caused the event. The FDA reviews reports of serious events and conducts analyses of reports by vaccine lots. The CDC routinely reviews selected serious outcomes (e.g., anaphylaxis) and conducts additional analyses as needed to address specific concerns and to evaluate trends in reporting. Health care providers, manufacturers, patients, and parents/guardians are all encouraged to report any clinically significant adverse event believed to be related to vaccination.

**More information is available at:**

[www.vaers.org](http://www.vaers.org)

## How to get a free electronic subscription to the MMWR

To obtain a free electronic subscription to the Morbidity and Mortality Weekly Report (MMWR), visit CDC's MMWR website at: [www.cdc.gov/mmwr](http://www.cdc.gov/mmwr). Select "Free MMWR Subscription" from the menu at the left of the screen. Once you have submitted the required information, weekly issues of the MMWR and all new ACIP statements (published as MMWR's Recommendations and Reports) will arrive weekly by e-mail.

## The Michigan Immunization Update

The Michigan Immunization Update can now be sent to your desk via e-mail as an Adobe Acrobat pdf file. If you do not already have Adobe Acrobat Reader, this free software program is available on the Internet at [www.adobe.com/products/acrobat/readstep2.html](http://www.adobe.com/products/acrobat/readstep2.html).

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### Have you moved?

To change your address, fax us both your old and new address, indicating which one is the new address.

### Are you receiving duplicate copies of the newsletter?

Make copies of all the address labels and fax them to us, indicating which label is the correct one.

### Do you want to be added to our mailing list to receive future issues of the newsletter?

By either fax or e-mail, send us your complete name and home address and we'll add you to our mailing list to receive a copy of the newsletter through regular mail.

All address changes, corrections, and additions should be faxed to Darcy Wildt at fax # 517-335-9855.

For questions concerning address changes, corrections, and additions, contact Darcy Wildt at 517-335-9486 or [WildtD@michigan.gov](mailto:WildtD@michigan.gov).

You may direct any other questions regarding the Michigan Immunization Update to Rosemary Franklin by calling 517-335-9485 or e-mail [FranklinR@michigan.gov](mailto:FranklinR@michigan.gov).

# Is it a Flu Shot Fact or a *Myth*?

**"The flu is just like a bad cold."**

**False**

Influenza (flu) is far more dangerous than a bad cold. It's a disease of the lungs, and it can lead to pneumonia. Each year about 114,000 people in the U.S. are hospitalized and about 20,000 people die because of the flu. Most who die are over 65 years old. But small children less than 2 years old are as likely as those over 65 to have to go to the hospital because of the flu.

**"The shot can give you the flu."**

**False**

Flu vaccines are made from killed influenza viruses. These cannot give you the flu.

**"Even if I get a flu shot, I can still get the flu."**

**Maybe**

This can happen, but the flu shot usually protects most people from the flu. However, the flu shot will not protect you from other viruses that can cause illnesses that sometimes feel like the flu.

**"The vaccine isn't 100% effective, so I'm better off getting the flu."**

**False**

No vaccine is 100% effective. However, if you get a flu shot but still get the flu, you are likely to be far less sick than you would have been without the protection.

**"The side effects are worse than the flu."**

**False**

The worst side effect you're likely to get is a sore arm. The risk of a rare allergic reaction is far less than the risk of severe complications from influenza.

**"Not everyone can take the flu shot."**

**True**

If you are allergic to eggs (used in making the vaccine); are very ill with a high fever; or have had a severe reaction to the flu vaccine in the past, you might not be able to get this protection.

**"Only the very old and sick need the flu shot."**

**False**

Both adults and children who are in good health need a flu shot to stay healthy. Even if you aren't at high risk of complications, you should get a flu shot to prevent the flu and to protect everyone you live with and contact.

**"December is too late to get a flu shot."**

**False**

The flu shot can be given before or during the flu season. While the best time to get a flu shot is October or November, a flu shot in December or later will still protect you against the flu.

For more information: Ask your health care provider or call the CDC Immunization Information Hot Line.  
English: 1-800-232-2522    Español: 1-800-232-0233  
[www.cdc.gov/nip/flu](http://www.cdc.gov/nip/flu)



# When should *you* get your flu shot?

A flu shot is your best protection against the flu.

	Oct	Nov	Dec or later
<b>At high risk of severe illness</b> <b>65 years old or older</b> — Even if you're in great health! <b>Children 6 - 23 months old</b> — Children younger than 2 years old have one of the highest rates of hospitalizations from influenza. <b>Adults and children with a chronic health condition</b> — Such as heart disease, diabetes, kidney disease, asthma, cancer, and HIV/AIDS <b>More than 3 months pregnant during flu season</b> — Typically November through March, but past March in some years	<b>Best Time</b>		<b>Not too late!</b>
<b>Can give the flu to those at high risk</b> <b>Household contact or care-giver of someone at high risk</b> <b>Health care workers</b> <b>Household contact or care-giver of a child under 2 years old</b> — Infants younger than 6 months old can't take a flu shot, but they can get the flu.	<b>Best Time</b>		<b>Not too late!</b>
<b>Your child's very first flu shot</b> Children <b>6 months - 8 years old</b> getting the very first flu shot need a booster shot one month after the first dose of vaccine.	<b>Best Time</b>		<b>Not too late!</b>
<b>Healthy people 50 - 64 years old</b>	<b>Best Time</b>		<b>Not too late!</b>
<b>Anyone who wants to prevent the flu</b>	<b>Best Time</b>		<b>Not too late!</b>

For more information: Ask your health care provider or call the CDC Immunization Hot Line.

English: 1-800-232-2522    Español: 1-800-232-0233

[www.cdc.gov/nip/flu](http://www.cdc.gov/nip/flu)



# Free Immunization Update Opportunities for Physicians and Staff

## AVAILABLE PROGRAMS INCLUDE:

PHYSICIAN UPDATE	OFFICE STAFF UPDATE	OTHER PROGRAMS
<ul style="list-style-type: none"> <li>■ <b>Immunization update for:</b> <ul style="list-style-type: none"> <li>• Physicians</li> <li>• Physician Assistants</li> <li>• Nurse Practitioners</li> </ul> </li> <li>■ <b>Presented by practicing physicians</b></li> <li>■ <b>Brought to:</b> <ul style="list-style-type: none"> <li>• Grand Rounds</li> <li>• Medical staff meetings</li> <li>• Conferences</li> <li>• Your office</li> </ul> </li> <li>■ <b>One-hour sessions available on:</b> <ul style="list-style-type: none"> <li>• Pediatric Immunization</li> <li>• Adolescent Immunization</li> <li>• Adult Immunization</li> <li>• Family Practice Immunization</li> <li>• Immunization in the Ob/Gyn practice</li> <li>• Varicella</li> <li>• Michigan Childhood Immunization Registry (MCIR)</li> <li>• Smallpox: Diagnosing the First Case</li> </ul> </li> <li>■ <b>Sessions include information on:</b> <ul style="list-style-type: none"> <li>• Immunization schedules</li> <li>• Vaccine recommendations</li> <li>• Immunization coverage levels</li> <li>• Causes of undervaccination</li> <li>• Assessment</li> </ul> </li> </ul> <p>CMEs are available for all sessions.</p>	<ul style="list-style-type: none"> <li>■ <b>Immunization update:</b> <ul style="list-style-type: none"> <li>• For staff in private practices who administer immunizations</li> <li>• Offered at times that meet clinic needs</li> </ul> </li> <li>■ <b>Presented by Immunization Nurse Educators</b></li> <li>■ <b>1.5-hour sessions available on:</b> <ul style="list-style-type: none"> <li>• Pediatric Immunization</li> <li>• Adult Immunization</li> <li>• Family Practice Immunization</li> <li>• Immunization in the Ob/Gyn practice</li> </ul> </li> <li>■ <b>One-hour sessions available on:</b> <ul style="list-style-type: none"> <li>• Vaccine administration</li> <li>• Vaccine storage and handling</li> </ul> </li> <li>■ <b>All sessions include information on:</b> <ul style="list-style-type: none"> <li>• Newly licensed vaccines and schedule recommendations</li> <li>• Minimum intervals between immunizations</li> <li>• Contraindications for immunization</li> <li>• Vaccine Administration</li> <li>• Required documentation</li> <li>• Vaccine storage and handling</li> </ul> </li> </ul> <p>Contact hours for nurses are available.</p>	<ul style="list-style-type: none"> <li>■ <b>Hepatitis A-E</b> <ul style="list-style-type: none"> <li>• An overview of hepatitis viruses covering:</li> <li>• Signs and symptoms</li> <li>• Recommended immunization schedule</li> <li>• Modes of transmission</li> <li>• High-risk populations</li> <li>• Treatment options</li> <li>• The Perinatal Hepatitis B Prevention Program</li> <li>• Available resources</li> </ul> </li> </ul> <p>Contact hours for nurses are available.</p> <div> <p><b>For more information, call Pat Fineis at 517-335-9443 or 1-800-964-4487</b></p> </div> <ul style="list-style-type: none"> <li>■ <b>Immunization Record Assessment – How well are your patients immunized?</b> <ul style="list-style-type: none"> <li>• Assessment by invitation of practice</li> </ul> </li> <li>■ <b>Assessment results include:</b> <ul style="list-style-type: none"> <li>• Immunization levels by age groups and vaccine</li> <li>• List of children who are over-due for their immunizations</li> <li>• Strategies to improve the immunization status of children in your practice</li> <li>• Recognition for high coverage levels</li> </ul> </li> <li>■ <b>Immunization information for your practice can be added to the Michigan Childhood Immunization Registry</b></li> </ul> <div> <p><b>For a free assessment, call Stephanie Sanchez at 517-335-9011</b></p> </div>
<div> <p><b>For more information, call Rosene Cobbs at 517-353-2596</b></p> </div>	<div> <p><b>To schedule an office staff update, call Darcy Wildt at 517-335-9486</b></p> </div>	

## Michigan Department of Community Health (MDCH) Clearinghouse order form for free immunization brochures and materials

To order the materials listed below, fax this form to the MDCH Clearinghouse at 517-699-2376. Inquiries about specific orders that have already been placed can be directed to the MDCH Clearinghouse at 1-888-76-SHOTS. All other inquiries should be directed to Rosemary Franklin at 517-335-9485 or FranklinR@michigan.gov.

All orders for brochures are limited to 500 per organization or office, unless otherwise stated. However, limits may also be lowered due to availability of supply. Please note that most of these brochures are revised annually.

**If you have a special need and you would like to request any amounts in excess of the limits, please refer to the directions at the end of the next page.**



<b>Name:</b>	
<b>Company:</b>	
<b>Street address:*</b>	
<b>City:</b>	<b>State: MI**    Zip code:</b>
<b>Phone no.:</b>	

**\* Reminder: We cannot ship to P.O. boxes. \*\* Materials are available to Michigan residents only.**

**Please enter quantity for each requested item.**

Quantity needed	Materials for health care providers
(Limit of 1 per office)	<p><b>Alliance for Immunization in Michigan (AIM) Provider Tool Kit, 2002</b></p> <p>This packet contains the most up-to-date tools and information for health care professionals who administer vaccines to their patients, including the Recommended Childhood Immunization Schedule for 2002, information about contraindications for vaccination and proper storage and handling of vaccines techniques, documentation resources and much more. This kit is made up of several folders of materials and includes separate tabs on Childhood/Teen Immunization, Adult Immunization, Vaccine Storage &amp; Handling/Resources, and Talking to Families about Immunization.</p>
(Limit of 5,000 cards per office)	<p><b>Adult Immunization Record Card</b></p> <p>We recommend that you provide an adult immunization record card to all your adult patients as you give them immunizations. Although the limit on this item is 5,000, we ask that you do not stockpile. Please order only enough to get you through this flu season.</p>

## Materials for patient education

New brochure for all patients	
	<p>Antibiotics: What You Should Know <i>Preserving our Antibiotic Lifeline</i></p> <p>This brochure covers the basics on antibiotics: what they are, when they are needed (and <i>not</i> needed), and what causes antibiotic resistance. Some practical advice is also offered on how to take medication correctly, and how to treat a cold or flu. Please make these brochures available in your waiting room for your patients.</p>
	 <p><b>Attention: New brochure!</b></p>
Brochures for children and adolescents	
	Immunize Your Little Michigander
	Vaccine Safety – What parents need to know
	Are you 11-19 years old? Then you need to be protected against some serious diseases
Brochure for adults	
	Immunizations – They're not just for kids. Are you protected?
Brochures about hepatitis	
	<p>Hepatitis B: What Parents Need to Know (With special information for pregnant women)</p> <p>The Dangers of Hepatitis B: What they are, How to avoid them</p> <p>Hepatitis, What you need to know. (This brochure discusses hepatitis A, B, and C.)</p>
	 <p><b>Attention: New brochure!</b></p>

### Limits and exceptions

If you have a special need or would like to request any amounts in excess of the limits, please contact Rosemary Franklin at 517-335-9485 or FranklinR@michigan.gov.



# *Epidemiology and Prevention of Vaccine-Preventable Diseases, 7th Edition*

**NEW EDITION  
NOW AVAILABLE**

## *"The Pink Book"*

The Centers for Disease Control and Prevention is pleased to announce publication of the 7th edition of "Epidemiology and Prevention of Vaccine-Preventable Diseases. "

"The Pink Book" provides physicians, nurses, nurse practitioners, physician assistants, pharmacists, and others with comprehensive information on vaccine-preventable diseases. The book also provides the latest information on general recommendations on immunizations, immunization strategies for health care practices and providers, strategies to increase vaccination, revised vaccine recommendations, and vaccine safety.

Epidemiologic information has been updated in all chapters and new and revised schedules and tables are included in the Appendices. Disease-specific chapters include anthrax, diphtheria, hepatitis A, hepatitis B, Hib, influenza, measles, mumps, pertussis, pneumococcal disease, poliomyelitis, rubella, smallpox, tetanus, and varicella.



Item No. RM-021

Price: \$25.00 + shipping

### ORDERING INFORMATION

**Mail:** Send your order with check, money order, purchase order, or credit card information to: Public Health Foundation, Publications Sales, P.O. Box 753, Waldorf, Maryland 20604

**Telephone:** Telephone orders accepted with Visa, MasterCard, American Express, or Discover credit card. Call toll free: 877-252-1200 and a Customer Service Rep will assist you between 9:00 AM and 5:00 PM (ET), Monday through Friday. For international orders, call (301) 645-7773.

**Online Bookstore:** [www.phf.org](http://www.phf.org)

**Fax:** Purchase orders and credit card orders may be faxed to (301) 843-0159.



### SHIPPING CHART

No. of Items	U.S.	Canada	Intl.
1-2	\$5.50	\$9.00	\$25.00
3-5	\$7.50	\$13.25	\$40.00
6-15	\$15.00	\$19.00	Call
16-25	\$23.00	\$28.00	Call
26-50	\$45.00	\$49.00	Call
51-75	\$70.00	Call	Call
76+	Call	Call	Call

## Hospitals submitting hepatitis B birth dose electronically

Most of the birthing hospitals in Michigan have access to the Electronic Birth Certificate (EBC) program, which allows them to electronically submit birth information to the State. Hospitals using the EBC are able to record the date of administration of the birth dose of hepatitis B vaccine, and information about this dose of vaccine is then automatically transmitted to the Michigan Childhood Immunization Registry (MCIR). The Michigan Department of Community Health (MDCH) would like to recognize the following hospitals for using the EBC to record information about the birth dose of hepatitis B vaccine and for providing the birth dose to a very high percentage of their newborns. Electronic Birth Certificates from these hospitals indicate hepatitis B vaccine was administered to 90 percent or more of newborns during the first six months of 2002:

- Allegan General Hospital
- Bay Medical Center

- Carson City Hospital
- Clinton Memorial Hospital
- Community Health Center of Branch County
- Community Hospital
- Garden City Osteopathic Hospital
- Genesys Regional Medical Center Health Parks
- Gratiot Community Hospital
- Hackley Hospital Medical Center
- Hayes Green Beach Hospital
- Henry Ford Hospital
- Henry Ford Wyandotte Hospital
- Hillsdale Community Health Center
- Huron Memorial Hospital
- Ionia County Memorial Hospital
- Lakeland Medical Center/St. Joseph
- Lakeshore Community Hospital
- Memorial Medical Center of West MI
- Mercy Memorial Hospital
- Metropolitan Hospital
- Mt. Clemens General Hospital
- Oakwood Hospital/Annapolis Center
- Owosso Memorial Healthcare Center
- Pennock Hospital
- Port Huron Hospital
- Portage Health System
- Riverside Osteopathic Hospital
- St. John Macomb Hospital
- South Haven Community Hospital
- Sturgis Hospital
- Three Rivers Hospital
- United Memorial Health Center

MDCH would like to encourage birthing hospitals to use the box on the Electronic Birth Certificate to record the date of administration of the birth dose of hepatitis B vaccine prior to submitting this form to the State.

If you have any questions concerning this information, please contact your regional MCIR coordinator or Pat Fineis at 517-335-9443 or at 800-964-4487.